

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number

Extension	Fee for other than	Fee for
(months)	small entity	small entity
one month two months three months four months	\$ 110.00 \$ 410.00 \$ 930.00 \$1,445.00	\$ 55.00 \$205.00 \$465.00 \$725.00
 •	Fee \$43	30. <i>U</i> O

Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**CERTIFICATE OF MAILING (37 CFR 1.8(a))** 

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Box Fee Amendment, Commissioner for Patents, Washington, D.C., 20231.

Date: March 26, 2003

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## FEE FOR CLAIMS

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		e €	) <b>†</b>	^	•	e) (1)		ĬĊ.	APP	SIL		
RADHARA S	FEE FOR CLAIMS											
		If an additional extension of time is required please consider this a petition therefor.										
	ther	FEE FOR CLAIMS  If an additional extension of time is required please consider this a petition therefor.  An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.										
	Extension fee due with this request \$											
	•The fee for	claims (37 C	FR 1.16(b)-(d)	) has been ca	alculated a	s shown t	oelow:					
	. (Col. 1)	V . ·	(Col. 2)	(Col. 3)	SMALL	ENTITY	OR		HAN A SMALL NTITY			
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee			
Total	Amendment	· Minus *0*	20	= 0	x9=	\$		x18=	\$	1		
Indep.		Minus *0*	3	=	x40=	\$		x80=	\$	· .		
□ FIRS	T PRESENTATIO	N OF MULTIPLE	EDEP. CLAIM		+130=	\$	• •	x260=	\$	1 .		
					TOTAL ADDIT.F EE	\$	OR	TOTAL ADDIT. FEE	\$			
			ims required. laims required	l \$	<u>-</u> •							
			FE	E PAYMEN	ΝΤ							
	Attached is a check in the sum of § for additional claims fee.											
	FEE DEFICIENCY											
	In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-1641. A duplicate of this authorization is enclosed for that purpose.											
$\boxtimes$	Attached is	a postcard fo	r date-stamped	d return as co	nfirmation	of receip	ot of the	se material	ls.			
Date:	March 26, 20	003		Gi Re	uger R. Dr	eger 055	r	<u> </u>				

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